



**ANNUAL PRE-TRIP EVALUATION
TYPE III SCHOOL BUS DRIVER**

District / Carrier _____

Evaluator _____

Driver _____

Date _____

	CHECKED YES NO	CHECKED YES NO		CHECKED YES NO	CHECKED YES NO
MECHANICAL CHECK:					
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>			
Oil level	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield washer fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Alternator	<input type="checkbox"/>	<input type="checkbox"/>			
Water pump	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering pump	<input type="checkbox"/>	<input type="checkbox"/>			
Check belts and hoses	<input type="checkbox"/>	<input type="checkbox"/>			
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>			
Wheel: tire, lugs, rims	<input type="checkbox"/>	<input type="checkbox"/>			
Brakes: drum, rotators, lining,	<input type="checkbox"/>	<input type="checkbox"/>			
fluid (level / leaks), parking					
Springs, shock absorbers	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel gauge (level)	<input type="checkbox"/>	<input type="checkbox"/>			
EXTERNAL INSPECTION:					
Lights: signal, stop, headlights,	<input type="checkbox"/>	<input type="checkbox"/>			
license plate light					
Doors and mirrors	<input type="checkbox"/>	<input type="checkbox"/>			
Window glass	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel tanks	<input type="checkbox"/>	<input type="checkbox"/>			
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>			
INTERNAL INSPECTION:					
(Engine running, parking brake on)					
Oil pressure builds	<input type="checkbox"/>	<input type="checkbox"/>			
Ammeter/voltmeter	<input type="checkbox"/>	<input type="checkbox"/>			
Lighting indicators	<input type="checkbox"/>	<input type="checkbox"/>			
Steering play	<input type="checkbox"/>	<input type="checkbox"/>			
Horn	<input type="checkbox"/>	<input type="checkbox"/>			
Clutch/gearshift	<input type="checkbox"/>	<input type="checkbox"/>			
Heater/defroster	<input type="checkbox"/>	<input type="checkbox"/>			
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield	<input type="checkbox"/>	<input type="checkbox"/>			
Wipers / Washer	<input type="checkbox"/>	<input type="checkbox"/>			
Safety/emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>			
fire extinguisher					
first aid, body fluid cleanup kit					
seat belt cutter					
Seats secure	<input type="checkbox"/>	<input type="checkbox"/>			
Seat belts	<input type="checkbox"/>	<input type="checkbox"/>			
Child restraints / car seats	<input type="checkbox"/>	<input type="checkbox"/>			
WHEELCHAIR					
Anchor points, belts, straps, lift	<input type="checkbox"/>	<input type="checkbox"/>			
inspection, interlock safety system					
functional					

Comments / Additional or remedial training performed:

This is the only form approved by the Minnesota State Patrol

